

Revised December 1974

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999085202

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Superior Industrial Pumping Co. Code No.     Pick up Address: 445 N. DAKINE ST. WILMINGTON (Number) (Street) (City)Telephone Number: 338-0830 P.O. or Contract No.     Order Placed By: P. H. Hopper Date: 8/14/80Type of Process       
Which Produced Wastes: Metal Finishing Code No.     (Examples: metal plating, equipment cleaning, oil drilling--Code No.  
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input checked="" type="checkbox"/> Oil              |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Cannery waste              |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Slatery waste              |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water              |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) WASTE OIL Code No.     

## Components:

(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
2. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
3. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

## Hazardous Properties of Waste:

pH      ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 500 ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)     

Containers:      (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)     Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)     Special Handling Instructions (if any):     

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Co. Code No.     Business Address: P.O. Box 59389 L.A. Calif 90059 (Number) (Street) (City)Telephone Number: 757-1855 Pick Up:      (Date) 4/83 Time:     State Liquid Waste Hauler's Registration No. (if applicable):     Job No.: 1674 No. of Loads or Trips: 1 Unit No.: 1Vehicle: ☒ vacuum truck ☐ flatbed, ☐ other (specify)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type):      Code No.     Site Address:     

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere specify final location     Disposal Date: 8-15-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

A081617

Nº 305

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.